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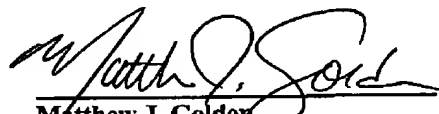
NOTES/COMMENTS:

PLEASE HAND DELIVER

In re Application of: James E. McShane et al
For Patent entitled: FOOT AND SHOE DEODORANT
Group Art Unit: 1617
Filed: 09/29/2000
Attorney Docket No.: FC0807Q1
Serial No.: 09/675,938

Transmitted herewith are:

- > Fax Transmittal Sheet - 1 page
- > Certificate of Fax Transmission - 1 page
- > Form PTOL-85 Issue Fee Transmittal - 1 page in duplicate


Matthew J. Golden
Registration No. 35,161

65252_1.DOC

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JUN 02 2006

Docket Number: FC0807Q1
Application No: 09/675938
Filing Date: 09/29/2000
First Inventor: MCSHANE, James E

PTO/SB/97 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

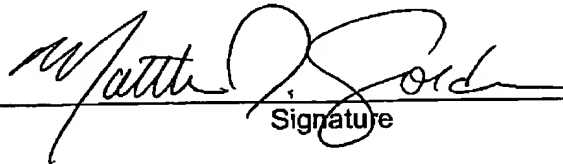
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Matthew J. Golden, Reg. 35,161 (Depositor's name)
(Signature)
06/02/2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/675,938	09/29/2000	James E. McShane	FC0807Q1	1065

TITLE OF INVENTION: FOOT AND SHOE DEODORANT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	06/08/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
SHARAREH, SHAHNAM J	1617	424-076200			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Robert J. Lipka

2 Matthew J. Golden

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Schering-Plough Healthcare Products Inc. Memphis, TN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ Publication Fee (No small entity discount permitted)
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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature
Matthew J. Golden

Date 06/02/2006

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